Case 18-10284-amc Doc 91 Filed 03/28/22 Entered 03/28/22 09:50:09 Desc Main Document Page 1 of 5 Fill in this information to identify your case: Adebanjo Debtor 1 Peter First Name Middle Name Lest Name Check If this is: Stiene-Adebanjo Doris Debtor 2 An amended filing Middle Name (Spouse, if filing) First Name Lest Name A supplement showing postpetition EASTERN DIST, OF PENNSYLVANIA United States Bankruptcy Court for the: chapter 13 income as of the following date: 18-10284 Case number (if known) MM / DD / YYYY Official Form 106l 12/15 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question. **Describe Employment** Part 1: Fill in your employment Information. Debtor 2 or non-filing spouse Debtor 1 If you have more than one **Employed** Employed **Employment status** job, attach a separate page Not employed with information about Not employed additional employers. Pre-school teacher Occupation Include part-time, seasonal, or self-employed work. Warwick Child Care Center, Inc. Employer's name 300 N. Pottstown Plke Occupation may include Employer's address student or homemaker, if it Number Street Number Street applies. Sulte 280 19341 Exton State Zip Code Stale Zip Code City How long employed there? **Give Details About Monthly Income** Part 2: Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing apouse unless you are separated. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse \$0.00 \$2,136.83 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage

\$0,00

\$2,136.83

3.

\$0.00

\$0.00

Estimate and list monthly overtime pay.

Calculate gross income. Add line 2 + line 3.

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Debto	•		Case number (if known) 18-10284			
	*		For Debtor 1	For Debtor 2 or non-filing spouse		
(Copy fine 4 here 👈	4.	\$0.00	\$2,136.83	_	
	list all payroli deductions:		***	A045 00		
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$315.08		
ł	5b. Mandatory contributions for retirement plans	5b,	\$0.00	\$0.00		
1	ic. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00		
ŧ	Se. Insurance	5 a .	\$0.00	\$0.00		
1	5f. Domestic support obligations	51.	\$0.00	\$0.00		
	5g. Union dues	бg.	\$0,00	\$0,00		
ł	Sh. Other deductions. Specify: See continuation sheet	5h,	\$0.00	\$30.31		
	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	<u>\$345.39</u>		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	<u>\$1,791.44</u>		
8.	List all other income regularly received:					
{	Ba. Net income from rental property and from operating a business, profession, or farm	8a.	\$7,815.25	\$0.00		
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
1	Bb. Interest and dividends	8b.	\$0.00	\$0.00		
	Bc. Family support payments that you, a non-filling spouse, or a dependent regularly receive	8c.	\$0.00	\$0,00		
	Include allmony, spousal support, child support, maintenance, divorce settlement, and properly settlement.					
1	Ed. Unemployment compensation	8d.	\$0.00	\$0,00		
	Be. Social Security	86.	\$0,00	\$0.00		
į	Bf. Other government assistance that you regularly receive include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			40.00		
	Specify:	. 8f.	\$0.00	\$0.00		
;	Bg. Pension or retirement income	8g.	\$0.00	\$0.00		
1	Bh. Other monthly income.	o.	40.00	ቀ ስ ስስ		
	Specify:	8h. -	+ \$0.00	\$0.00	l	
9,	Add all other income. Add lines 8a + 6b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$7,815.25	\$0,00	-	
10.	Calculate monthly Income, Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$7,815.25	+ \$1,791.44	= \$9,606.69	
11.	State all other regular contributions to the expenses that you list in S nolude contributions from an unmarried partner, members of your househ friends or relatives.	1010, }	ont deheuraurs' Ad			
	Do not include any amounts aiready included in lines 2-10 or amounts tha	i are	not available to pay	expenses listed in Sc	hedule J.	
				11,	+ \$0,00	
					40,000,00	
	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities if it applies.	The s and	result is the combin Certain Statistical i	ned monthly 12. nformation,	\$9,606,69 Combined monthly income	
13,	Do you expect an increase or decrease within the year after you file t	his fo	orm?			
	☑ No. None. ☐ Yes. Explain:					

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Desc Main

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\$7,432.25

Net Monthly Income: